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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/676,356
Filing Date	10/01/2003
First Named Inventor	Buck, Roger D.
Art Unit	3722
Examiner Name	Talbot, Michael
Attorney Docket Number	2003-06

**I hereby revoke all previous powers of attorney given in the above-identified application.**

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Ward/Kraft, Inc. Attn: Stephanie Hay
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Address	2401 Cooper St. P.O.Box 938
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City	Fort Scott	State	KS	Zip	66701
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Country	USA
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Telephone	620-223-5500	Email	shay@wardkraft.com
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature	
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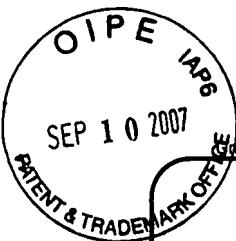
Name	Ray Russell
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Date	9/6/2007	Telephone	620-223-5500
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/81 (01-06)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/676/356
Filing Date	10/01/2003
First Named Inventor	Buck, Roger D.
Title	Business Form Construction For
Art Unit	3722
Examiner Name	Talbot, Michael
Attorney Docket Number	2003-06

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

--

OR

Practitioner(s) named below:

Name	Registration Number
Harry G. Weissenberger	18,784

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

--

Firm or Individual Name: Ward/Kraft, Inc. Attn: Stephanie Hay

Address	2401 Cooper Street P.O. Box 938		
City	Fort Scott	State	KS
Country	USA		
Telephone	620-223-5500	Email	shay@wardkraft.com

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Ray Russell</i>	Date	9-7-07
Name	Ray Russell	Telephone	620-223-5500
Title and Company	D&T manager, Ward/Kraft, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

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